Sear Que (20)  SEATTLE ETHICS & QUE (20)  Deadlines: Incumbent electric Candidates and	BOX 94728  Ittle, WA 98124-4728  stions: (206) 684-8500  6) 615-1248  Jarow@seattle.gov  ed and appointed official others — within two weel	s of becoming a	DOLLAR COOE  (1) \$0  (2) \$1,000  (3) \$5,000  (4) \$10,000  (5) \$25,000  (6) \$100,000	- \$99,999	PERSONAL FINANCIAL AFFAIRS STATEMENT
SEND REPORT TO Seattle	ng newly appointed to a City Clerk	position.	(7) \$200,000 (8) \$1,000,0 (9) \$5,000,0	- \$999,999	ON B NON B
"immediate family" means: (a) a partner, sibling, uncle, aunt, cous federal income tax return. SMC	III. HISOS OF REDITEM, TEINA	ner, or (b) a parent, pare t person either resides w	nt of a appune or de-		T N OT
Last Name PCDERSEN  Mailing Address (Use PO Box or	First	Middle I	reportab other de	of immediate family me le information to disclo pendents living in your to identify your spouse	se for dependent children, or household, do not identify
PO Box 15235	vvork Address) -		i ni	SAY PEDERS	sev (sperse)
SEATTLE	County KING	Zip+4 98113		Children - Li	UKE AND KATE
Filing Status (Check only one box	.)		Office He	eld or Sought	
An elected or appointed offici Final report as an elected office Candidate running in an elect Newly appointed to an elective	ion: month <u>NC /N</u> C√		Position Term beg	number: 4 gins: Jan 2020	ends: DEC 2023
options (Report	ch employer, or other s ate family member, rec received during the rep interest and dividends if f Employer or Source of (	erved compensation, i orting period that had a n Item 3.)	n any form, of \$2,4 a value of more that	100 or more during and \$2,400.	tc.) from which you or an the period. Include stock
Dependent (D) CBRC AFFO:	EVABLE HOUSIN	vG	Was	fow Compensation Earned なんみいこれ」 AMAL	Amount: (Use Code)
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	u AMNZ Ave N UA 98109	C	WHEREF SINI	glemenser Li	< ()
	tinued on attached sheet		01-149 31104	The v	( )
2 REAL ESTATE	List street address, ass	or over \$12,000 in which	h vou or an imme	diate family member	ach parcel of Washington held a personal financial
Property Sold or Interest Divested	Assessed Value (Use 1-9 Code) ( )	Name and Address of Pu	rchaser	Nature and Amount ( Consideration Receiv	Use Code) of Payment or
Property Purchased or Interest Acquir	ed	Creditor's Name/Address	T dijinonii jonino	Security Given   Mo	ortgage Amount - (Use Code)
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Il Other Property Entirely or Partially  UNE PAVEVNA Blud  SCATTIC, WA 98105  heck here [] if continued on attache	( )	wells FAGO MONTONE SCATTLE WA	monthly pest.	the hone	(7) $(7)$ $(7)$

	SSETS / INVESTM	ENTS - INTEREST / DIVIDENDS	intangible pro	savings accounts, perty (including but od.	not limited	to stock option	ns) held d	uring the
				Account or Description	n of Asset	Asset Value		Amount
A. Name	and address of ea	nch bank or financial institution in which nember had an account over \$24,000 a	h you	Thecking, SAV	11 MGS	(Use 1-9 Code)	(USE 1-	9 Code)
time d	during the report per	tiod (U) BANK OF AMERICA, SCI DOUTER	unc 1 200	t, spouse, ser	F ] y MKT	/(6) / 6	(	)
imme	Fant of America e and address of ediate family member 100 during the period	each insurance company where you be had a policy with a cash or loan valued.	or an (3) <	CKING AND SA	25	( )	(	)
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agend had a	cy, etc. in which you a financial interest	each company, association, govern u or an immediate family member, own worth over \$2,400. Include stocks, b	ned or ponds,	WARD IRA (1.		(7)	(	)
intang decisi	gible property. If y ion making authority	lan, IRA, notes, stock options, and you or your immediate family membe y regarding individual assets/investme	nts list	DEX FUND	UC LTON	(5)	(	)
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		of reporting (1) I AUGARD (Se ANGURA) (JOHN COMP) A PA Tattached sheet The CITY FOR				(7)	(	)
Check her	re if continued or	h attached sheet. List each creditor you or an immed	into family many	or awad \$2 400 or i	more any tin	ne during the	A B/I/	DUNT
4 0	CREDITORS	List each creditor you or an immedi period. Don't include retail charge in Item 2.	accounts, credi	t cards, or mortgage	es or real es	tate reported	(USE 1	9 CODE)
		or's Name and Address		rms of Payment 6 years at 5.25%)	Secu	rity Given	origina1	current ( )
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File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 61S-1248 Polly.Grow@Seattle.gov

F-1

SUPPLEMENT (7/18)

## SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

Last Name PEDERSEN First	LEX	Middle Initial	DATE   11 28 2018
OFFICE HELD, Provide the followere organ (2) were	owing information if, during the re an officer, director, general part nization, union, partnership, joint v a partner or member of a limite	enture or other entity; and/or	tte family member re owner of a corporation, non-prof
	ime used on legal documents esta		riparry.
		ss purposes if different from the leg	gal name.
<ul> <li>Position or Percent of O</li> </ul>	winership: The office, title and/or	percent of ownership held.	
		e purpose, product(s), and/or the s	
entity concerning which	you're reporting, show the purpos	e of each payment and the actual	
seek/hold office) which p services or other conside	ssociation, business or other con paid compensation of \$12,000 or eration was given or performed fo	nmercial entity and each governme more during the period to the enti	ation, partnership, joint venture, sole tent agency (other than the one you ty. Briefly say what property, goods as referenced below are met.
ENTITY ND. 1		Reporting For: Self	Spouse
		Registered Domest	ic Partner Dependent
LEGAL NAME: CANDID SHOT PROD	UCTIONS LLC		RCENT OF OWNERSHIP
TRADE DR DPERATING NAME: Same		100%	
ADDRESS: FORMERLY PO BOX 152		98115	·
BRIEF DESCRIPTION OF THE BUSINESS/DRGAN DEFUNCT, NO NEW SINCE CREA	TION ONLY EXPENS	e was annual Rener	VAL CIND MONTHly
ANK ACCT FEES. WAS SET UP IN CASI PAYMENTS ENTITY RECEIVED FROM GOVERNM	C I WEEDED AN LLC ENTAL UNIT IN WHICH YOU SE	TO DO CONSULTING WO	Am, BUT WAS NEVER USE
Purpose of payments		Amount (	actual dollars)
NA		\$	
PAYMENTS ENTITY RECEIVED FROM DTHER GD Agency name:	VERNMENT AGENCIES DF \$12		of payment (amount not required)
NIA			2 2 7
PAYMENTS ENTITY RECEIVED FROM BUSINESS	CUSTOMERS OF \$12 000 OP N	IODE	7 29
Customer name:	00010MEN001 \$12,000 01 W	Purpose	of payment (amount not required)
MA			
VASHINGTON REAL ESTATE IN WHICH ENTITY nd assessed value of property is over \$24,000. List	HELD A DIRECT FINANCIAL IN street address, assessor parcel r	TEREST (Complete only if owners number, or legal description and co	of payment (amount not required)  Of payment (amount not required)  of payment (amount not required)  ship in the ENCITY is 10% or more unty for each parcel):
NIA			
heck here 🗔 if continued on attached sheet			
		CONTINUE PARTS	B AND C ON NEXT PAGE

## F-1 Supplement

Name Alex Processe	en (this page 2 is	entirely NOT Affucabi	e)			
ENTITY NO. 2			Reporting For: Self Spouse Registered Domestic Partner Dependent			
LEGAL NAME:		POSI	TION OR PERCENT OF OWNE	RSHIP		
TRADE OR OPERATING N	AME:					
ADDRESS:						
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:					
	EIVED FROM GOVERNMENTAL UN e of payments	Amount (actual dollars)	Amount (actual dollars)			
			\$			
	EIVED FROM OTHER GOVERNMEN ( name:	NT AGENCIES OF \$12,000 OR MORE:	Purpose of payment (amount not required)			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE  Customer name:  Purpose of payment (amount not required)						
Check here  if continued on a logical continued in the co	List persons for whom you, or rates, or standards for compens	r any immediate family member, lobbie sation or deferred compensation. Do no	ed or prepared state legislatio of list pay from government bo	n or state rules, ody in which you		
	are an elected official or profess	sional staff member.  Description of Legislation, Rules, E	Etc. Compensation (U	se Code 1- 9)		
	1011, 001, 1001	Boodington of Edgeletton, Traine, E	( )	)		
				)		
				)		
Check here  if continued on				<u> </u>		
FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.						
Date Donor Received	's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9)		
			\$	( )		
				( )		
Charlebar T. W. C.	attached shoot					
Check here  if continued on	attached sheet			<u> </u>		



Check here [ ] if continued on attached sheet

File with: 5eattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@5eattle.gov

SEEC FORM

SUPPLEMENT (7/18)

## SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

PROVIDE INFORMATI	ON FOR YOU AND ANY IMMEDIATE FAMILY M	EMBERS	
Last Name PEDERSEN	First	Middle Initial	DATE 11 28 2018
A OFFICE H BUSINES INTERES	S (1) were an officer, director, gorganization, union, partne (2) were a partner or membe similar entity, including but	general partner, trustee, or 10 percership, joint venture or other entity; ar r of a limited partnership, limited li- not limited to a professional limited li- uments establishing the entity.	ent or more owner of a corporation, non-pro nd/or ability partnership, limited liability company of iability company.
	Position or Percent of Ownership: The office,		
	Brief Description of the Business/Organization		
•	Payments from Governmental Unit: If the go entity concerning which you're reporting, show	overnmental unit in which you hold o	or seek office made navments to the business
•	Payments from Business Customers and Otl proprietorship, union, association, business c seek/hold office) which paid compensation of services or other consideration was given or p Washington Real Estate: Identify real estate	her Government Agencies: List each or other commercial entity and each \$12,000 or more during the period the period to the compensation.	ch corporation, partnership, joint venture, sol n government agency (other than the one yo to the entity. Briefly say what property, goods
ENTITY NO. 1		Reporting For	: Self  Spouse
			ed Domestic Partner Dependent
LEGAL NAME: UCP	CONSULTING LIC db.a. IR	ONCLAD POSITIO	N OR PERCENT OF OWNERSHIP
TRADE OR OPERATING	· · · · · · · · · · · · · · · · · · ·	RATEGY Spo-S	ie is 100%, sole member
ADDRESS:	Queen Anne Ave N, Sea	TTLE. WA 98109	,
	F THE BUSINESS/ORGANIZATION:		
	is SMALL BUSINESS ENTIFELY	AND IT/She provide	BRAND STRATEGY
	CEIVED FROM GOVERNMENTAL UNIT IN WHIC ose of payments	CH YOU SEEK/HOLD OFFICE:	to ORGAVIZITIONS. Amount (actual dollars)
N/A			\$
	CEIVED FROM OTHER GOVERNMENT AGENC cy name:		Purpose of payment (amount not required)
14[17			
Cust	CEIVED FROM BUSINESS CUSTOMERS OF \$12 omer name:		Purpose of payment (amount not required)
WALARA, CORNERS	TONE, CROWD COW, CONGRE HERO, 1	DINK MYKS,	BLAND STRATEGY
THE GUILD, KAI	orm, woo commerce		, - <del>-</del>
WASHINGTON REAL ES and assessed value of pro	STATE IN WHICH ENTITY HELD A DIRECT FIN Operty is over \$24,000. List street address, asses	ANCIAL INTEREST (Complete only sor parcel number, or legal descripti	y if ownership in the ENTITY is 10% or more on and county for each parcel):
N/A			

## F-1 Supplement

Name Alex Peo	irsen (this page 2	- IS ENTIRELY NOT APPLICA	BLE)		
ENTITY NO. 2		Reporting For	r: Self Spouse	pendeint 🗌	
LEGAL NAME:		ON OR PERCENT OF OWNER	RSHIP		
TRADE OR OPERATING N	AME:				
ADDRESS:					
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:				
	EIVED FROM GOVERNMENTAL UNIT e of payments	T IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)		
			\$		
PAYMENTS ENTITY RECE Agency		TAGENCIES OF \$12,000 OR MORE:	Purpose of payment (amour	nt not required)	
	EIVED FROM BUSINESS CUSTOME mer name:	RS OF \$12,000 OR MORE	Purpose of payment (amou	nt not required)	
•					
and assessed value of prop	perty is over \$24,000. List street addresses	RECT FINANCIAL INTEREST (Complete o	ption and county for each parc	el):	
B LOBBYING:	List persons for whom you, or rates, or standards for compensa are an elected official or professi	any immediate family member, lobbied ation or deferred compensation. Do лоt onal staff member.	list pay from government bo	ody in which you	
Person to Wi	nom Services Rendered	Description of Legislation, Rules, Etc	. Compensation (Us	se Code 1-9)	
			( )		
				1	
Check here  if continued on					
C FOOD TRAVEL SEMINARS	portion of the following items t	e other than your own governmental ag o you, your spouse, registered domesti s costing over \$50 per occasion; 2) Tra	ic partner or dependents, o	r a combination	
Date Donor Received	's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9)	
			\$	( )	
				( )	
				( )	
Check here if continued on	attached sheet				